

Mental Health Literacy National Repository Project (MHLhub)

Evidence of Effectiveness - Adapted OJP Instrument

University of Alberta Department of Psychiatry in Partnership with Public Health
Agency of Canada (PHAC)



MHLhub.ca

Evidence of effectiveness

Resource name: “The Guide Pre Service Professional Development Program” (GPPDP)

Manuscript(s): Carr, 2017. Preparing for the Classroom: Mental Health Knowledge Improvement, Stigma Reduction and Enhanced Help-Seeking Efficacy in Canadian Preservice Teachers

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	U	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	Y
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N

	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	N
	9. Modest attrition ($\leq 25\%$) <i>Knowledge, attitude, help seeking > 30% attrition</i>	N	N
	10. Intent-to-treat analytic approach	Y	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U) <i>Free online via UBC: https://pdce.educ.ubc.ca/learn-mental-health-literacy-free-online-course/</i>	Y	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

1. Effective
2. Effective with Reservation
3. Promising
4. Inconclusive Evidence
5. Insufficient Evidence
6. Ineffective

MCW: Inconclusive: Pre/post prospective cohort study with no long-term outcomes.

REE: Promising: Quasi-experimental design with no long-term follow-up past 3-months. Positive outcomes for help-seeking, knowledge, and stigma/attitudes compared to control

CONSENSUS: Promising

Evidence of effectiveness

Resource name: Anti-stigma educational talk for Greek Secondary Students [Intervention has no-name - was tailor-built for this study]

Manuscript(s): Economou 2014. The influence of an anti-stigma intervention on adolescents' attitudes to schizophrenia: A mixed methodology approach.

Criteria	Criteria Description	Judgmen Mcw	JUDGMENT Ree
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	U	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams <i>Certainly more than one site, appears to be the same pair of psychologists at each site</i>	N	N
Study design and execution	1. Random assignment <i>Schools/classes randomly assigned - but not truly systematic as classes are populated according to first letter of last name.</i>	Y	Y
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y

	4. Independent evaluation of the program by 3rd party	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences	U	U
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach <i>Page 17 under Table 1</i>	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- Effective
- Effective with Reservation
- Promising
- Inconclusive Evidence
- Insufficient Evidence
- Ineffective

MCW: Adequately rigorous but no evidence of sustained effects, missing external replication, internal replication appears to have been completed by same implementation team at each site.

REE: Statistically significant changes in stigma, but not long-term outcomes/sustained effect reported

CONSENSUS: Effective with Reservation

Evidence of effectiveness

Resource name: Transitions (2nd edition)

Manuscript(s) Gilham et al 2018: Improving mental health literacy in post-secondary students: Field testing the feasibility and potential outcomes of a peer-led approach

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams <i>Replicated in multiple sites and contexts, but not as RCTs</i>	N	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	U	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y

	4. Independent evaluation of the program by 3rd party <i>Not in this manuscript perse, but evaluated in other MS' via 3rd parties</i>	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	N
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	Y
	2. Cost-benefit estimates	U	N
	3. Measurement of potential side-effects or negative effects	U	N

Ratings:

- 7. Effective
- 8. Effective with Reservation
- 9. Promising
- 10. Inconclusive Evidence
- 11. Insufficient Evidence
- 12. Ineffective

MCW: Inconclusive evidence: Quasi Experimental design, lacks sustained effects.

REE: Positive outcomes reported but small sample size and quasi-experimental design with no randomization.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: No resource per se: Interactive presentation on MI anti-stigma. Includes: (1) Medical student talk; (2) Video presentation; (3) Interactive stigma skit; (4) Mental health consumer talk; (5) Changing stigma and information resources; (6) Q&A

Manuscript(s): Hartman, et al. 2013: Self-stigma of mental illness in high school youth

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences	U	U
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	N
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	N
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	U	N

Ratings:

- 13. Effective
- 14. Effective with Reservation
- 15. Promising
- 16. Inconclusive Evidence
- 17. Insufficient Evidence

18. Ineffective

MCW: *Insufficient; Pre/post single arm study, no follow up*

REE: *Positive outcomes for knowledge, recognition, help-seeking, and stigma, but no control group or randomization.*

CONSENSUS: *Promising*

Evidence of effectiveness

Resource name: Transitions (2nd edition)

Manuscript(s): Hunt et al: Addressing mental health literacy in a UK university campus population: Positive replication of a Canadian intervention

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	N
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	U	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	Y	N
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	U	N

Ratings:

- 19. Effective
- 20. Effective with Reservation
- 21. Promising
- 22. Inconclusive Evidence
- 23. Insufficient Evidence

24. Ineffective

MCW: Cross sectional study, no follow up or longitudinal outcomes. Favourable & statistically significant MHL outcomes across most domains.

REE: Positive impact on improving MHL knowledge, stigma, and help-seeking, but cross-sectional study with no long-term follow-up or randomization.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: The book, "He Shoots, He Scores" - chosen from the Opening Minds anti-stigma interventions

Manuscripts: innocent et al: Can mental health education using a storybook reduce mental illness stigma in children?

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party <i>Thesis defense - committee could be considered 3rd party</i>	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance <i>* Note: Items in the violence and unpredictability category ranged in significance from 0.002 - 0.16.</i>	Y	Y
	8. Identification of important adverse effects/events	Y	N
	9. Modest attrition ($\leq 25\%$) <i>Attrition = 26%</i>	N	Y
	10. Intent-to-treat analytic approach	U	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	Y
	2. Cost-benefit estimates	U	N
	3. Measurement of potential side-effects or negative effects	Y	N

Ratings:

- 25. Effective
- 26. Effective with Reservation
- 27. Promising
- 28. Inconclusive Evidence

29. Insufficient Evidence

30. Ineffective

MCW: *Quasi experimental, no follow up.*

REE: *Positive outcomes for some MHL, but effect was small, no randomization and some mixed results.*

CONSENSUS: *Inconclusive Evidence*

Evidence of effectiveness

Resource name: "The brain unit"

Manuscript(s): Katz, et al: Effects of a Universal School-Based Mental Health Program on the Self-concept, Coping Skills, and Perceptions of Social Support of Students with Developmental Disabilities

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment <i>Schools randomized, not students</i>	Y	Y
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	Y	Y
	2. Cost-benefit estimates	N	N
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

31. Effective
32. Effective with Reservation
33. Promising
34. Inconclusive Evidence
35. Insufficient Evidence
36. Ineffective

MCW: Adequately rigorous experimental design but lacks sustained effects and sufficient samples size for desired power calculation.

REE: RCT with positive outcomes, but small sample size and no sustained effect assessed

CONSENSUS: Promising

Evidence of effectiveness

Resource name: Healthy Young Minds Workshop

Manuscript(s): Ke, et al. Healthy young minds: The effect of a 1-hour classroom workshop on mental illness stigma in high school students

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study) <i>Power analysis did not inform sample size calculation</i>	N	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences	U	U
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	U
	9. Modest attrition ($\leq 25\%$)	N	U
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	N	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 37. Effective
- 38. Effective with Reservation
- 39. Promising
- 40. Inconclusive Evidence
- 41. Insufficient Evidence
- 42. Ineffective

MCW: Repeated measures single group unrandomized pilot study. Mixed outcomes including some positive and inconclusive results

REE: Some positive impact on stigma outcomes. Single-arm study, no control group, no randomization, some inconclusive outcomes.

CONSENSUS: Inconclusive Evidence

Evidence of effectiveness

Resource name: The Science of Well-being, Mental Health and Resiliency

Manuscript(s): King et al: The feasibility and effectiveness of a novel online mental health literacy course in supporting university student mental health: a pilot study

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$) <i>Note: only relevant significant shift occurred in MH knowledge. However, cntrl group was not tested on knowledge - no condition to compare the one significant change to.</i>	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y*
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$) <i>Attrition amount not provided</i>	Y	U
	10. Intent-to-treat analytic approach <i>unlikely - some participants excluded after allocation for various reasons</i>	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none was provided, even in the likelihood that it is no-cost, select U)	U	N
	2. Cost-benefit estimates	N	N
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 43. Effective
- 44. Effective with Reservation
- 45. Promising
- 46. Inconclusive Evidence
- 47. Insufficient Evidence
- 48. Ineffective

MCW: Parallel group & non randomized design, no evidence of sustaining up to/past 1 year. Mixed results.

REE: Mixed results on outcomes – parallel group design but no direct comparison to control group in primary outcome measures.

CONSENSUS: Inconclusive evidence

Evidence of effectiveness

Resource name: Adapted curriculum based on Transitions containing 4 modules

Manuscript(s): Kukri et al: Digital mental health literacy -program for the first-year medical students' wellbeing: a one group quasi-experimental study

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study) <i>Power analysis not conducted to calculate sample size</i>	N	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	Y	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	N	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 49. Effective
- 50. Effective with Reservation
- 51. Promising
- 52. Inconclusive Evidence
- 53. Insufficient Evidence
- 54. Ineffective

MCW: Single group quasi-experimental; small sample size, mixed effects, no sustained effects demonstrated.

REE: Quasi-experimental design, small sample size and mixed effects, but some positive outcomes.

CONSENSUS: Inconclusive Evidence

Evidence of effectiveness

Resource name: The Guide

Manuscript(s): Kutcher et al 2015; Successful Application of a Canadian Mental Health Curriculum Resource by Usual Classroom Teachers in Significantly and Sustainably Improving Student Mental Health Literacy

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams <i>Can't find two RCTs with the guide - defer to Yifeng?</i>	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study) <i>No power analysis to determine sample size</i>	N	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	Y	N
	10. Intent-to-treat analytic approach <i>Unspecified, but likely</i>	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 55. Effective
- 56. Effective with Reservation
- 57. Promising
- 58. Inconclusive Evidence
- 59. Insufficient Evidence
- 60. Ineffective

MCW: Pre/post unrandomized design with no control group, no longitudinal outcomes, positive knowledge and stigma outcomes.

REE: Positive outcomes for MH knowledge and stigma/attitudes, but no control group, small sample size, no randomization.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: MHL francophone elementary crclm. Tailor made, 16 weeks

Manuscript(s): Lauria-Horner et al: The feasibility of a mental health curriculum in elementary school

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	U	N
Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N

	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	N	N
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach <i>Most likely</i>	Y	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	N	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 61. Effective
- 62. Effective with Reservation
- 63. Promising
- 64. Inconclusive Evidence
- 65. Insufficient Evidence
- 66. Ineffective

MCW: (none)

REE: Positive outcomes for MH knowledge; however, outcome measures are not validated and are built ad-hoc for the intervention, there is no independent assessment or comparison group. I find this study lacks some experimental rigor to be considered promising.

Consensus: Insufficient Evidence

Evidence of effectiveness

Resource name: "In One Voice" campaign

Manuscript(s): Livingstone, et al: Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$) Note; statistical significance as determined by the study protocol was not reached.	N	N
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year. <i>*1 year follow up available here:</i> 10.1007/s00127-013-0815-7	Y	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	N	N

	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *NOTE: statistical significance as determined in the study protocol was not reached.	Y	Y*
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 67. Effective
- 68. Effective with Reservation
- 69. Promising
- 70. Inconclusive Evidence
- 71. **Insufficient Evidence**
- 72. Ineffective

MCW: Successive independent samples design, mixed results & no statistically significant changes in MHL outcomes.

REE: Successive independent samples design with mixed results – Main improvement was in awareness/knowledge of the MHL campaign, no significant changes in stigma or attitudes.

Evidence of effectiveness

Resource name: ‘The Guide’

Manuscript(s): Mcluckie et al: Sustained improvements in students’ mental health literacy with use of a mental health curriculum in Canadian schools

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	N	N

	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	U
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	N
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

73. Effective

- 74. Effective with Reservation
- 75. Promising
- 76. Inconclusive Evidence
- 77. Insufficient Evidence
- 78. Ineffective

MCW: Concerns about methodological rigour despite positive knowledge and stigma outcomes; Single arm pre/post test design, no demonstration of effects > 1 year.

REE: Positive outcomes for knowledge and stigma/attitudes. Single-arm, no control, no sustained effect past 2-months.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: 'The Guide'

Manuscript(s): Milin, et al: Impact of a mental health curriculum on knowledge and stigma among high school students: A randomized controlled trial

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	Y
Study design and execution	1. Random assignment	Y	Y

	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	Y	Y
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

79. Effective

80. Effective with Reservation

81. Promising

82. Inconclusive Evidence

83. Insufficient Evidence

84. Ineffective

MCW: No evidence of sustained effects 1 year/beyond. Otherwise well constructed RCT with favourable and statistically significant results on MHL.

REE: RCT with randomization, good sample size and statistically significant positive outcomes, but no sustained effect

Evidence of effectiveness

Resource name: ‘Youth Net’ - Hamilton

Manuscript(s): O'Mara, et al: Does Youth Net Decrease Mental Illness Stigma in High School Students?

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	N	N
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	Y	Y

	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	N	N
	6. Description of differences	U	U
	7. Statistical significance ($p \leq .05$) *Mixed significance	N	N
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

85. Effective

86. Effective with Reservation

- 87. Promising
- 88. Inconclusive Evidence
- 89. Insufficient Evidence
- 90. **Ineffective**

MCW: No sustained effects, some evidence of efficacy for girls only, overall stigma increased among sample. Potential to postulate a protective effect of the program to subdue otherwise much higher stigma, but nothing concrete for effectiveness.

REE: Intervention did not reduce stigma (actually increased). Mixed outcomes and stigma measure not validated

CONSENSUS: Ineffective

Evidence of effectiveness

Resource name: Not a resource perse - Tailor-made puppet show

Manuscript(s): Pitre, et al. The use of puppets with elementary school children in reducing stigmatizing attitudes towards mental illness

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	U	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences	U	U
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 91. Effective
- 92. Effective with Reservation
- 93. Promising
- 94. Inconclusive Evidence
- 95. Insufficient Evidence
- 96. Ineffective

MCW: Single-arm pre/post design without evidence of sustained effects

REE: Positive outcomes for stigma/attitudes. Small sample size, cross-sectional study with no control/comparison group.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: The Mental Health Curriculum (Kutcher)

Manuscript(s): Ravindran et al: Evaluating the benefits of a youth mental health curriculum for students in Nicaragua: a parallel- group, controlled pilot investigation

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	Y	Y
	2. Cost-benefit estimates	Y	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 97. Effective
- 98. Effective with Reservation
- 99. Promising
- 100. Inconclusive Evidence
- 101. Insufficient Evidence
- 102. Ineffective

MCW: No randomization or control groups, lacking evidence of sustained effects. However, produced statistically significant improvements.

REE: Large sample size, statistically significant improvement, but not an RCT and no sustained effect

CONSENSUS: Promising

Evidence of effectiveness

Resource name: ‘The Guide’

Manuscript(s): Wei, et al: Long-term impact of a mental health literacy resource applied by regular classroom teachers in a Canadian school cohort

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	Y	Y
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N
Study design and execution	1. Random assignment	N	N

	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 103. Effective
- 104. Effective with Reservation
- 105. Promising
- 106. Inconclusive Evidence
- 107. Insufficient Evidence
- 108. Ineffective

MCW: Pre/post design (naturalistic cohort), considerable attrition, favourable significant outcomes.

REE: Not an RCT or experimental design and high attrition rate; however, long-term sustained effects

Evidence of effectiveness

Resource name: Know before you go (KBYG)

Manuscript(s): Wei et al., Evaluation of Know Before You Go on mental health literacy and life skills to prepare for life after high school

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	Y (but not randomized)	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	U	N
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	Y	Y
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	U	U

Ratings:

- 109. Effective
- 110. Effective with Reservation
- 111. **Promising**
- 112. Inconclusive Evidence
- 113. Insufficient Evidence
- 114. Ineffective

MCW: Longitudinal cohort pre/post design. Relatively small sample. Significant and favourable impact on knowledge and obtaining./maintaining positive mental health. Sustainability of outcomes not assessed.

REE: Positive outcomes for knowledge and obtaining/maintaining MH, but small sample size, no-sustained impact assessed, and no comparison group.

Evidence of effectiveness

Resource name: Transitions

Manuscript(s): Wei, et al: The impact of transitions, a mental health literacy intervention with embedded life skills for postsecondary students: Preliminary findings from a naturalistic cohort study

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	U

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	Y	Y
	8. Identification of important adverse effects/events	U	U
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

- 115. Effective
- 116. **Effective with Reservation**
- 117. **Promising**
- 118. Inconclusive Evidence
- 119. Insufficient Evidence
- 120. Ineffective

MCW: Longitudinal cohort pre/post design with control grp, high attrition; but statistically significant improvements in MHL domains. No long-term outcomes.

REE: Large sample size, statistically significant improvement in all MHL outcomes, comparison group but no randomization, high attrition, no long-term follow-up.

CONSENSUS: Effective with Reservation

Evidence of effectiveness

Resource name: The Mental Health and High School Curriculum Guide (MHC) (German translation)

Manuscript(s): Fretian, et al: The effects of an adapted mental health literacy curriculum for secondary school students in Germany on mental health knowledge and help-seeking efficacy: results of a quasi-experimental pre-post evaluation study

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party <i>*note: the german-specific version has not been evaluated by a 3rd party to my knowledge.</i>	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures) <i>*some concerns with outcome measurement; non standardized tools, adapted for language requirements - do not appear otherwise validated.</i>	N	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) <i>*Mixed significance</i>	Y	Y
	8. Identification of important adverse effects/events	U	U
	9. Modest attrition ($\leq 25\%$)	Y	Y
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

- 121. Effective
- 122. Effective with Reservation
- 123. Promising
- 124. Inconclusive Evidence
- 125. Insufficient Evidence
- 126. Ineffective

MCW: Lack of evidence of sustained effects. Unrandomized study with small sample. Concerns with outcome measurement. Significant and favourable positive MHL outcomes.

REE: Quasi-experimental design with positive outcomes. No randomization, small sample size, no sustained effects.

CONSENSUS: Promising

Evidence of effectiveness

Resource name: Know before you go (KBYG)

Manuscript(s): Gilham et al. Improving mental health literacy in post-secondary students: Field testing the feasibility and potential outcomes of a peer-led approach.

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$) <i>*knowledge, but only for pre-follow up, not necessarily pre-post</i>	Y	N
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	Y (but not randomized)	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y*
	*Mixed significance		
	8. Identification of important adverse effects/events	U	U
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

- 127. Effective
- 128. Effective with Reservation
- 129. Promising
- 130. Inconclusive Evidence
- 131. **Insufficient Evidence**
- 132. Ineffective

MCW: Single group unrandomized pre/post study w/small sample - insufficient evidence of effectiveness among findings - mixed results and no evidence of sustainability.

REE: Small sample size (only 24 matched participants for all 3 timepoints) and results are mixed. No randomization, no experimental design, no long-term follow-up.

Evidence of effectiveness

Resource name: The African Guide

Manuscript(s): Kutcher et al. The African Guide: One Year Impact and Outcomes from the Implementation of a School Mental Health Literacy Curriculum Resource in Tanzania

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	N	N
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party <i>*Not the african guide specifically</i>	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	N	N
	8. Identification of important adverse effects/events	N	U
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 133. Effective
- 134. Effective with Reservation
- 135. Promising
- 136. Inconclusive Evidence
- 137. **Insufficient Evidence**
- 138. Ineffective

MCW: No comparison group despite large sample size. Outcomes don't necessarily reflect the response of the end-user group. Only teacher's perceptions of student-effectiveness are reported.

REE: Large sample size and outcomes are positive for knowledge and attitudes, but outcomes were subjective reports from teachers, no statistical analysis done, no comparison/control group.

Evidence of effectiveness

Resource name: Transitions (2nd edition)

Manuscript(s): Kutcher et al: Mental health literacy in post-secondary students

Criteria	Criteria Description	Judgment MCW	JUDGMENT REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	N	U
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	N

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	N	U
	6. Description of differences		
	7. Statistical significance ($p \leq .05$) *Mixed significance	U	U
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	U	U
	10. Intent-to-treat analytic approach	N	N
	11. Accurate interpretation of the results	Y	Y
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

- 139. Effective
- 140. Effective with Reservation
- 141. Promising
- 142. Inconclusive Evidence
- 143. **Insufficient Evidence**
- 144. Ineffective

MCW; No control group or sustained effects, relatively small sample, limited statistical rigor and specificity of analysis.

REE: Not sure about this one – no real statistical analysis conducted other than on gender differences on specific help-seeking questions. Mainly a descriptive analysis, smaller sample size, no control group, no sustained effect. Could go under promising but feels low power.

Evidence of effectiveness

Resource name: The Guide Cymru

Manuscript(s): Simkiss et al: A randomized controlled trial evaluating the Guide Cymru mental health literacy intervention programme in year 9 (age 13–14) school pupils in Wales

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	Y	Y

Study design and execution	1. Random assignment	Y	Y
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	Y	Y
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	Y	Y
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	Y	Y
	2. Cost-benefit estimates	N	U
	3. Measurement of potential side-effects or negative effects	N	N

Ratings:

- 145. Effective
- 146. **Effective with Reservation**
- 147. Promising
- 148. Inconclusive Evidence
- 149. Insufficient Evidence
- 150. Ineffective

MCW: Solid RCT. Significant and favourable MHL outcomes but relatively high attrition. Sustainability of findings not assessed.

REE: Quality cluster RCT with positive outcomes, but only 2-week follow-up and high attrition.

Evidence of effectiveness


Resource name: The Guide (professional development for pre-service educators)

Manuscript(s): Wei et al: Mental Health Literacy Development: Application of Online and In-Person Professional Development for Preservice Teachers to Address Knowledge, Stigma, and Help-Seeking Intentions

Criteria	Criteria Description	Judgment MCW	Judgment REE
Significant effect	Rigorous statistical evidence of a change (effect size $\geq .20$; or statistical significance $p \leq .05$)	Y	Y
Sustained effect	A prevention effect that endures beyond the end of the intervention for at least one year.	N	N
≥ 1 successful external replication	The program was found effective in randomized controlled trials conducted in at least two implementation sites by different implementation teams	N	Y

Study design and execution	1. Random assignment	N	N
	2. Large, representative sample (to have power analysis to determine the sample size) that minimizes selection bias (e.g., 300-400 for population study)	N	N
	3. Description of intervention, including clear explanation of scientific background, the logic of the intervention, specific objectives/hypotheses and primary secondary outcome measures	Y	Y
	4. Independent evaluation of the program by 3rd party	N	N
	5. Adequate outcome measurement (i.e. outcomes are behavioral or distal in nature and are consistent across multiple measures)	Y	Y
	6. Description of differences		
	7. Statistical significance ($p \leq .05$)	Y	Y
	*Mixed significance		
	8. Identification of important adverse effects/events	N	N
	9. Modest attrition ($\leq 25\%$)	N	N
	10. Intent-to-treat analytic approach	N	N
11. Accurate interpretation of the results	Y	Y	
Other important factors	1. Cost information (if none us provided, even in the likelihood that it is no-cost, select U)	U	U
	2. Cost-benefit estimates	U	U
	3. Measurement of potential side-effects or negative effects	N	U

Ratings:

- 151. Effective
- 152. Effective with Reservation
- 153. Promising 
- 154. Inconclusive Evidence
- 155. Insufficient Evidence
- 156. Ineffective

MCW: Sufficient quasi experimental research design with control group, but lacks evidence of sustained effects. Significant and favourable results (knowledge, stigma, help seeking).

REE: Quasi-experimental design with no long-term follow-up past 3-months. Positive outcomes for help-seeking, knowledge, and stigma/attitudes compared to control